

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) AND 1.27 (d)) - NONPROFIT ORGANIZATION

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Filing Date

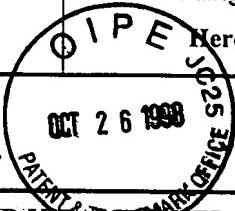
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Patent No.

Issue Date

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Applicant/
Patentee: Bailey et al.



Invention: **FOOD AND VITAMIN PREPARATIONS CONTAINING THE NATURAL ISOMER OF REDUCED FOLATES (U.S. National Stage of PCT/US97/01870, filed January 31, 1997)**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: South Alabama Medical Science Foundation

ADDRESS OF ORGANIZATION: P.O. Box U-1060

Mobile, AL 36688

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TYPE OF NONPROFIT ORGANIZATION:

- University or other Institute of Higher Education
- Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3))
- Nonprofit Scientific or Educational under Statute of State of The United States of America
Name of State: _____ Citation of Statute: _____
- Would Qualify as Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3)) if Located in The United States of America
Name of State: _____ Citation of Statute: _____
- Would Qualify as Nonprofit Scientific or Educational under Statute of State of The United States of America if Located in The United States of America
Name of State: _____ Citation of Statute: _____

I hereby declare that the above-identified nonprofit organization qualifies as a nonprofit organization as defined in 37 C.F.R. 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in:

- the specification to be filed herewith.
- the application identified above.
- the patent identified above.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the above-identified nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed on the next page and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- no such person, concern or organization exists.
 each such person, concern or organization is listed below.

COPY

FULL NAME _____

ADDRESS _____

Individual Small Business Concern Nonprofit Organization

FULL NAME _____

ADDRESS _____

Individual Small Business Concern Nonprofit Organization

FULL NAME _____

ADDRESS _____

Individual Small Business Concern Nonprofit Organization

FULL NAME _____

ADDRESS _____

Individual Small Business Concern Nonprofit Organization

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: _____

Garold G. Breit

TITLE IN ORGANIZATION: _____

Director

ADDRESS OF PERSON SIGNING: _____

South Alabama Medical Science Foundation

P.O. Box U-1060

Mobile, Alabama 36688

SIGNATURE: _____

DATE: _____

7/24/98